

HHSC Initial Contact Complaints – 2023 Q2

Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Access to PCP	259
Provider Treatment Inappropriate/Ineffective	255
Balance Billing	246
Client was not transported.	162
Customer Service - Other	104

Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Access to PCP	259
Provider Treatment Inappropriate/Ineffective	255
Balance Billing	246
Client was not transported.	162
Prescription Services - Other Insurance	97

Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Denial of Claim	31
Customer Service - Other	17
Authorization Issue	14
Claims/Payment - Other	9
Incorrect Information or Guidance from MCO	8

Top 5 Initial Contact Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
MMP	Customer Service - Other	3.16
MMP	Client was not transported.	2.88
MMP	MCO Staff Not Responding	2.30
MMP	Prescription Services - Other	1.73
MMP	Medical Transportation - Other	1.44
STAR Kids	Access to PCP	2.06
STAR Kids	Access to Care - Other	1.65
STAR Kids	Balance Billing	.94
STAR Kids	Prescription Services - Other Insurance	.82
STAR Kids	Individual Transportation Participant (ITP) claims	.77
STAR+PLUS	Client was not transported.	2.07
STAR+PLUS	Driver Issues	.77
STAR+PLUS	Medical Transportation - Other	.71
STAR+PLUS	Access to DME	.61
STAR+PLUS	Client was not picked up within one (1) hour of request.	.49
STAR	Provider Treatment Inappropriate/Ineffective	.49
STAR	Balance Billing	.45
STAR	Access to PCP	.43
STAR	Prescription Services - Other Insurance	.17
STAR	Access to In-Network Provider (non-PCP)	.12
STAR Health	Medical Transportation - Other	.22
STAR Health	MCO Appeals Process	.22
STAR Health	Client was not transported.	.22
Dental	Customer Service - Other	.01
Dental	Claims/Payment - Other	.01
Dental	Access to Care - Other	.01
Dental	MCO Customer Service/Staff Behavior	.00
Dental	Balance Billing	.00

Enrollment by Program

Program	Total Average Monthly Members for 2023 Q2
MMP	34,760
STAR Kids	169,841
STAR+PLUS	574,778
STAR	4,770,961
STAR Health	46,345
Dental	4,191,431

Percentage of Initial Contact Complaints Confirmed – MCO Self-Reported Data

Program	Confirmed	Not Confirmed	Unable to Determine
MMP	71%	21%	9%
STAR Kids	81%	11%	7%
STAR+PLUS	57%	14%	29%
STAR	86%	7%	6%
STAR Health	33%	67%	0%
Dental	61%	4%	35%

Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	767	36.33%
Driscoll Children's	516	24.44%
Amerigroup	153	7.25%
CHC	151	7.15%
Cook Children's	145	6.87%
BCBS	137	6.49%
Community First	82	3.88%
Texas Children's	74	3.51%
El Paso First	47	2.23%

MCO	Total Complaints	Percentage of Total Complaints
Parkland	18	.85%
Dell Children's	17	.81%
United	4	.19%

Initial Contact Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	15	65.22%
United Dental	5	21.74%
MCNA	3	13.04%

Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.46%
Amerigroup	18.94%
Texas Children's	10.71%
United	7.91%
CHC	7.22%
Molina	5.11%
Driscoll Children's	4.77%
Parkland	4.30%
Community First	3.29%
Cook Children's	3.20%
Aetna	2.80%
FirstCare	2.18%
El Paso First	1.82%
Scott & White	1.24%
BCBS	1.22%
Dell Children's	.82%

Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	53.31%
MCNA	35.19%
United Dental	11.50%

Top 5 Initial Contact Complaints by MCO/DMO per 10,000 Members

MCO/DMO	Complaint Category	Rate
Amerigroup	Access to In-Network Provider (non-PCP)	.44
Amerigroup	Quality of Care - Other	.12
Amerigroup	Customer Service - Other	.11
Amerigroup	Access to Care - Other	.11
Amerigroup	Prescription Services - Other	.10
BCBS	Balance Billing	14.59
BCBS	Access to PCP	2.92
BCBS	Access to In-Network Provider (non-PCP)	.88
BCBS	Authorization Issue	.29
BCBS	Value-Added Services Issues	.15
CHC	Denial of Claim	.45
CHC	Customer Service - Other	.42
CHC	Provider Treatment Inappropriate/Ineffective	.37
CHC	Access to PCP	.25
CHC	Prescription Services - Other Insurance	.22
Community First	Prescription Services - Other Insurance	3.64
Community First	Refill Too Soon	.16
Community First	Prescription Services - Other	.16
Community First	Prescription Services - Clinical Prior Authorization	.16
Community First	Service Coordination/Service Management	.05
Cook Children's	Access to PCP	2.96
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.06
Cook Children's	Customer Service - Other	.67

MCO/DMO	Complaint Category	Rate
Cook Children's	Prescription Services - Other Insurance	.45
Cook Children's	Home Health	.28
Dell Children's	Access to In-Network Provider (non-PCP)	1.09
Dell Children's	Balance Billing	.66
Dell Children's	Denial of Claim	.44
Dell Children's	Access to PCP	.44
Dell Children's	Access to DME	.44
DentaQuest	Claims/Payment - Other	.03
DentaQuest	Customer Service - Other	.01
DentaQuest	Balance Billing	.01
DentaQuest	Access to Care - Other	.01
DentaQuest	MCO Staff Not Responding	.00
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	7.57
Driscoll Children's	Access to PCP	4.91
Driscoll Children's	Appointment Availability	1.54
Driscoll Children's	Quality of Care - Other	.75
Driscoll Children's	Access to Care - Other	.75
El Paso First	Balance Billing	4.51
El Paso First	Authorization Issue	.10
MCNA	Customer Service - Other	.01
MCNA	Access to Care - Other	.01
Parkland	Balance Billing	.37
Parkland	Denial of Claim	.12
Parkland	MCO Staff Not Responding	.04
Parkland	Incorrect Information or Guidance from MCO	.04
Parkland	Delays in Claims Handling	.04
Superior	Client was not transported.	1.15
Superior	Medical Transportation - Other	.42
Superior	Balance Billing	.39
Superior	Driver Issues	.38
Superior	Access to Care - Other	.37
Texas Children's	Balance Billing	.28
Texas Children's	Authorization Issue	.22

MCO/DMO	Complaint Category	Rate
Texas Children's	Provider Treatment Inappropriate/Ineffective	.08
Texas Children's	MCO Appeals Process	.07
Texas Children's	Access to Care - Other	.07
United	MCO Customer Service/Staff Behavior	.02
United	MCO Credentialing Process	.02
United	Correspondence (Incorrect, unclear, or not received)	.02
United	Access to PCP	.02
United Dental	Customer Service - Other	.04
United Dental	MCO Customer Service/Staff Behavior	.02
United Dental	Correspondence (Incorrect, unclear, or not received)	.02
United Dental	Access to PCP	.02

Percentage of Initial Contact Complaints Confirmed by MCO/DMO – MCO Self-Reported Data

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
Amerigroup	90%	7%	3%
BCBS	100%	0%	0%
CHC	77%	9%	14%
Community First	100%	0%	0%
Cook Children's	90%	7%	3%
Dell Children's	100%	0%	0%
DentaQuest	93%	7%	0%
Driscoll Children's	91%	7%	3%
El Paso First	98%	2%	0%
MCNA	0%	0%	100%
Parkland	28%	33%	39%
Superior	62%	15%	23%
Texas Children's	24%	38%	38%
United	0%	0%	100%
United Dental	0%	0%	100%

Overall Rate of Complaints per 10,000 Members by MCO and Quarter

MCO	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1
Aetna	.00	.00	.00	.00	.00	.00
Amerigroup	1.44	1.73	1.36	1.40	1.11	1.33
BCBS	19.98	21.74	17.27	14.23	15.02	10.42
CHC	3.74	6.96	7.30	6.51	3.80	9.01
Cigna-HealthSpring	N/A	N/A	N/A	N/A	1.85	1.21
Community First	4.46	3.51	4.57	10.18	6.22	1.34
Cook Children's	8.10	5.59	5.01	12.22	19.59	28.89
Dell Children's	3.71	1.86	3.52	3.40	5.56	7.11
Driscoll Children's	19.34	21.76	13.16	18.78	22.58	24.21
El Paso First	4.61	2.91	2.73	4.01	4.68	3.69
FirstCare	.00	.00	.00	.00	.00	.00
Molina	.00	.00	.36	.22	.33	.05
Parkland	.75	1.27	1.31	.99	1.68	1.73
Scott & White	.00	.00	.00	.00	.17	.00
Superior	5.60	6.71	3.99	5.95	6.33	7.25
Texas Children's	1.23	1.02	1.68	1.53	1.31	3.10
United	.09	.07	.34	.37	.38	1.97
Overall Rate	3.77	4.30	3.27	4.33	4.53	5.63

Overall Rate of Complaints per 10,000 Members by DMO and Quarter

DMO	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1
DentaQuest	.07	.10	.11	.13	.09	.07
MCNA	.02	.01	.06	.08	.05	.05
United Dental	.10	.14	.22	.22	.54	.82
Overall Rate	.05	.07	.10	.12	.11	.11

Complaint Categories

Category	Subcategory
Access to Care	Access to Dental Services (adult) - related to accessing dental services
Access to Care	Access to DME - related to accessing Durable Medical Equipment
Access to Care	Access to In-Network Provider (non-PCP) - related to accessing a specialist within the MCO's network
Access to Care	Access to Out-of-Network Provider - related to accessing a provider outside the MCO's network
Access to Care	Access to PCP - related to accessing Primary Care Provider
Access to Care	Appointment Availability - related to ability to access an appointment in a timely manner within contractual requirements for an in network provider
Access to Care	Authorization Issue - related to the delay of services due to concerns with authorization
Access to Care	Continuity of Care - related to the disruption of authorized services
Access to Care	Discharge from Facility - related to the disagreement with a Member's release from facility
Access to Care	Home Health - related to home health services
Access to Care	Home or Auto Modifications - related to issues with the delay of installation of home or auto modifications
Access to Care	Travel Time/Availability/Distance - related to the length of time and distance required to access services
Access to Care	Other - when the issue does not relate to any other Access to Care subcategories
Claims/Payment	Balance Billing - related to a Member receiving a bill for services rendered
Claims/Payment	Clean Claims Interest Unpaid - related to non-payment of interest on untimely processed claims
Claims/Payment	Delays in Claims Handling - related to the delay of processing a claim
Claims/Payment	Denial of Claim - related to the denial of a claim
Claims/Payment	Other - when the issue does not relate to any other Claims/Payment subcategories
Customer Service	Correspondence (Incorrect, unclear, or not received) - related to written information provided to complainant that is incorrect, unclear, or not received

Category	Subcategory
Customer Service	MCO Customer Service / Staff Behavior - related to how complainant was treated by MCO staff including rude or inappropriate behavior
Customer Service	Incorrect Information or Guidance from MCO - related to verbal information provided to complainant that is incorrect
Customer Service	MCO Staff Not Responding - related to MCO staff not returning complainant's telephone call or email
Customer Service	Other - when the issue does not relate to any other Customer Service subcategories
Customer Service	Provider Information Outdated/Directory - related to issues with the MCO provider directory
EVV	Authorization Issue - related to the delay of services due to concerns with an EVV authorization.
EVV	Denial of Claim - related to the denial of an EVV relevant claim.
EVV	Recoupment of Claim - related to the recoupment of an EVV relevant claim.
EVV	MCO Visit Maintenance Unlock Request Policy - related to the complainant's disagreement with the MCO denial of the VM unlock request.
EVV	Payer - related to the payer of the claim.
EVV	Other - when the issue does not relate to any other EVV subcategories
Medical Transportation	Client was not transported.
Medical Transportation	Driver Issues
Medical Transportation	Client was not picked up within one (1) hour of request.
Medical Transportation	Client arrived late to appointment
Medical Transportation	Scheduling error
Medical Transportation	Vehicle issues
Medical Transportation	Individual Transportation Participant (ITP) claims
Medical Transportation	Other - To be used for all other complaint reasons with a text box to log the complaint reason
Provider Contracting	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
Provider Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process

Category	Subcategory
Provider Contracting	MCO/Provider Contracting - related to issues with the contracting process
Provider Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Provider Contracting	Network Denial - nonpar provider denied into MCO network
Provider Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Provider Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Policies/Procedures	Disagree with MCO Policy - related to complainant's disagreement with MCO policy or procedure
Policies/Procedures	HIPAA - related to compliance with HIPAA
Policies/Procedures	MCO Appeals Process - related to complainant's disagreement with the MCO's handling of an Appeal request
Prescription Services	PS - Member not showing active - MCO does not show Member is a part of their PBM system but Member is enrolled with plan
Prescription Services	PS - Other Insurance - The existence of other insurance on the member's file is preventing access to prescriptions
Prescription Services	PS - Refill Too Soon - Medication claim will be denied by pharmacy due to being refilled too soon
Prescription Services	PS - Other - To be used for all other complaint reasons with a text box to log the complaint reason
Prescription Services	PS - Formulary - Medication is not on the VDP Formulary
Prescription Services	PS – Clinical Prior Authorization - Based on drug safety, appropriateness indications, & potential abuse. Member is complaining that the prescription requires a clinical PA or is having problems obtaining a clinical PA.
Prescription Services	PS – PDL Prior Authorization - Medication on the VDP formulary is non-preferred, requires PDL PA. Member is complaining that the prescription requires a PDL PA or is having problems obtaining a PDL PA.
Quality of Care	Quality of DME - related to a complainant's inadequate standard of Durable Medical Equipment
Quality of Care	Quality of Facility (Nursing Facility) - related to a complainant's inadequate standard of care received at a nursing facility or Inpatient Behavioral Health Facility
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager

Category	Subcategory
Quality of Care	Coordination of Care - related to a complainant's delay of services due to lack of coordination between providers
Quality of Care	Provider Treatment Inappropriate/Ineffective - related to the quality of treatment provided
Quality of Care	Other - when the issue does not relate to any other Quality of Care subcategories
Quality of Care	Home or Auto Modifications - related to issues with the quality of home or auto modifications
Value-Added Services	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services